

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075710 (0)
 1. Corporation Name
ALSB COMPANY, INC.



Principal Place of Business 24701 U.S. 19 NORTH SUITE 102 CLEARWATER FL 34623	Mailing Address 24701 U.S. 19 NORTH SUITE 102 CLEARWATER FL 34623
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1932 Drew Street Suite, Apt. #, etc. 22 Suite 3 City & State 23 Clearwater, FL Zip 24 33765	2a. Mailing Address 26 1932 Drew Street Suite, Apt. #, etc. 27 Suite 3 City & State 28 Clearwater, FL Zip 29 33765
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3. Date Incorporated or Qualified 10/02/1995	4. FEI Number 59-3341581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**GRESHAM, GREGORY L
 918A DREW STREET
 CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL 85 Zip Code **33755**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-24-98**

Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	EDGER, SONDRA K
STREET ADDRESS	24701 U.S. 19 NORTH, SUITE 102
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	D <input type="checkbox"/> DELETE
NAME	EDGER, LAWRENCE H
STREET ADDRESS	24701 U.S. 19 NORTH, SUITE 102
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	D <input type="checkbox"/> DELETE
NAME	EDGER, L. ALLEN
STREET ADDRESS	24701 U.S. 19 NORTH, SUITE 102
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1932 Drew St., Suite 3
1.4 CITY-ST-ZIP	Clearwater, FL 33765
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1932 Drew St., Suite 3
2.4 CITY-ST-ZIP	Clearwater, FL 33765
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1932 Drew St., Suite 3
3.4 CITY-ST-ZIP	Clearwater, FL 33765
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **4-22-98** **513-442-2119**

CR2E034 (10/97)